

**TRANSMITTAL  
FORM**

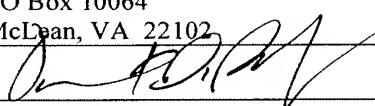
*(to be used for all correspondence after initial filing)*

<b>TRANSMITTAL FORM</b>		<b>Application Number</b>	10/566,186
		<b>Filing Date</b>	01/26/2006
		<b>First Named Inventor</b>	Markus ERFORT et al.
		<b>Group Art Unit</b>	2629
		<b>Examiner</b>	Liliana P. Cerullo
<b>Total Number of Pages in This Submission</b>	8	<b>Attorney Docket Number</b>	740116-871

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, Form PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____			<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):		
						Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2478 for the above identified docket number.		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm <i>or</i> Individual name	David S. Safran, Reg. No. 27,997 Roberts Mlotkowski Safran & Cole, P.C. PO Box 10064 McLean, VA 22102
Signature	
Date	September 17, 2009

**CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]**

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